

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official  
Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>15074</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name George F Osgood  P.O. Box, Bldg., Room No., if any  Street 684 Transfer Road  City St. Paul  State Minnesota ZIP Code + 4 55114	4. Name, file number, and address of labor organization.  Name GCC/IBT Local 1-M  Labor Organization File Number <b>519 030</b>  P.O. Box, Building and Room Number, if any  Street 684 Transfer Road  City St. Paul  State Minnesota ZIP Code + 4 55114
5. Position in labor organization. President	

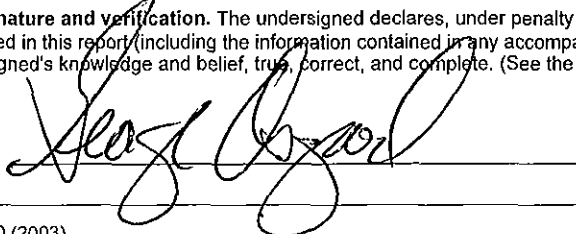
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05  
Date

651-645-0833  
Telephone Number

Name of Person Filing George Osgood	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Capital Gurdian Trust Co	<input type="checkbox"/> a. Labor Organization
Trade Name, if any:	<input checked="" type="checkbox"/> b. Trust
P.O. Box, Bldg., Room No., if any	<input type="checkbox"/> c. Employer
Street Bank One Plaza, 21 S Clark St. #2544	
City Chicago	
State Illinois ZIP Code + 4 60657	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Inter-Local Pension Fund	11.b. Approximate dollar value of such dealing.
Trade Name, if any:	12.a. Nature of interest held or income received. Dinner. Trustfund meeting - March 24-26, 2004
P.O. Box, Bldg., Room No., if any	12.b. Amount. \$63
Street 455 Kehoe Blvd., Suite 100	
City Carol Stream	
State Illinois ZIP Code + 4 60188	

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	14.b. Amount of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	